

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

_/38400	57
OMB AP	PROVAL
OMB Number:	3235-0076
Expires: Ap	oril 30, 2008
Estimated avera	ge burden
hours per respor	nse 16.00

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					
]				

Name of Offering (check if this is an amendment and name has changed, and indicate change.) BNY Mezzanine Partners, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULO	
Type of Filing: New Filing Amendment	—
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	U6064510 *******
BNY Mezzanine Partners, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Inc.)	cluding Area Code)
445 Park Avenue, New York, NY 10022	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Inc	cluding Area Code)
(if different from Executive Offices)	
	——PROCESSED
Brief Description of Business To operate as a private investment partnership	0 1 1 COLLE
Type of Business Organization	DEC 2 0 2008
☐ corporation ☐ limited partnership, already formed ☐ other (ple	ase specify):
☐ business trust ☐ limited partnership, to be formed	* THOMSON
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 1 1 0 5 \ Actual \ \Bar{\text{Es}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	timated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Executive Officer Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) BNY Mezzanine Partners, GP, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 445 Park Avenue, New York, NY 10022 ☐ Beneficial Owner Executive Officer Director Managing Member of Check Box(es) that Apply: Promoter General Partner Full Name (Last name first, if individual) BNY Mezzanine Holdings, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 445 Park Avenue, New York, NY 10022 ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Member of Check Box(es) that Apply: Promoter BNY Mezzanine Holdings, LLC Full Name (Last name first, if individual) Alizadeh, Behdad Business or Residence Address (Number and Street, City, State, Zip Code) 445 Park Avenue, New York, NY 10022 ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Member of BNY Mezzanine Holdings, LLC Full Name (Last name first, if individual) Echausse, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 445 Park Avenue, New York, NY 10022 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Member of General Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner ☐ Executive Officer Director Check Box(es) that Apply: Promoter Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director Partner Check Box(es) that Apply: Promoter ☐ Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

_				B. II	NFORMAT	ION ABO	UT OFFE	RING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No ⊠					
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual? * Subject to the discretion of the General Partner to accept lesser amounts.							\$5,000	<u>*000,</u>				
* Subjec	t to the dis	cretion of t	he General	Partner to	accept les	ser amoun	ts.				Yes	No
3. Does the offering permit joint ownership of a single unit?												
commis a person states, 1	ssion or sim n to be liste ist the nam	ilar remune d is an asso e of the bro	ration for so ciated perso ker or deal	olicitation of on or agent er. If more	of purchaser of a broker	s in connec or dealer r 5) persons	tion with sa egistered w to be listed	given, direct tiles of secur ith the SEC are associan applicable	ities in the and/or wit	offering. If h a state or	•	
Full Name	(Last name	first, if ind	ividual)									
Business or	r Residence	: Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
					o Solicit Pu							
•				•				fDC1	fer 1			All States
[AL] [IL]	[AK]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID]
[MT]	[IN] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business or	r Residence	Address (N	lumber and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
					o Solicit Pu	rchasers			······································			☐ All States
[AL]	An States (or check ind [AZ]	[AR]	.es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[KN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	įwvj	[wi]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Ruciness	r Residence	Address (N	lumber and	Street City	y, State, Zip	Code)						
Dusiness of	Residence	. Address (1	tumber and	Sirect, On	, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
					Solicit Pur	rchasers						
		or check ind		·		[CT1	(DE)	ייייייייייייייייייייייייייייייייייייי	JET 1			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[UK] [WI]	[WY]	[PR]
- 1		- ,										
			(Use blank	sneet, or c	opy and use	additional	copies of th	is sheet, as	necessary.)	,		

in	dicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt	<u>\$</u> _		<u>\$</u>
	Equity	<u>\$</u>		<u>\$</u>
	Common Preferred			
	Convertible Securities (including warrants)	<u>\$</u> _		<u>\$</u>
	Series A Partnership Interests	\$200,000,000		\$ 129,695,024
	Other (Specify)	<u>\$</u> _		<u>\$</u>
	Total	\$200,000,000		\$ 129,695,024
	Answer also in Appendix, Column 3, if filing under ULOE.			
of nı	nter the number of accredited and non-accredited investors who have purchased securities in this fering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the umber of persons who have purchased securities and the aggregate dollar amount of their purchases on e total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>18</u>		\$129,695,024
	Non-accredited Investors			<u>\$</u>
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under ULOE.			
so	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities dd by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first le of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			
	Regulation A	<u> </u>		
	Rule 504			
	Total			
th m	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in is offering. Exclude amounts relating solely to organization expenses of the issuer. The information ay be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an attimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			<u>\$</u>
	Printing and Engraving Costs			<u>\$</u>
	Legal Fees			<u>\$</u> _
	Accounting Fees			<u>\$</u>
	Engineering Fees	*********		<u>\$</u>
	Sales Commissions (specify finders' fees separately)			<u>\$</u>
	Other Expenses (identify) legal and organization expenses		\boxtimes	\$750,000
	Total		\boxtimes	\$750,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AT	AD OPE	OF PROCEEDS	<u> </u>	
	b. Enter the difference between the aggregate offering price given in response to Part C - Ques and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted proceeds to the issuer."	gross			\$199,250,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for e the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issue forth in response to Part C - Question 4.b above.	to the			
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees	□ \$			<u>\$</u> _
	Purchase of real estate	□ <u>\$</u>			<u>\$</u>
	Purchase, rental or leasing and installation of machinery and equipment	□ <u>\$</u>			<u>\$</u>
	Construction or leasing of plant buildings and facilities	□ <u>\$</u>			<u>\$</u> _
	Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another				
	issuer pursuant to a merger)				<u>\$</u>
	Repayment of indebtedness				<u>\$</u>
	Working capital Other (specify):Investment capital	□ <u>\$</u>			<u>\$</u>
		□ <u>\$</u>		\boxtimes	\$199,250,000
	Column Totals	□ <u>\$</u>		\boxtimes	\$199,250,000
	Total Payments Listed (column totals added)	_	⊠ <u>\$199,</u> 2	250,00	00
_	D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comormation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule	mission,	s filed under Rule , upon written req	: 505, t uest of	he following its staff, the
Iss	uer (Print or Type)		Date,		
В	NY Mezzanine Partners, L.P. Ond School		- 11/16	, 200	6
Na	ime of Signer (Print or Type) Title of Signer (Print or Type) Many in	Park	· ~		
_		<u>*</u>	· · · · · · · · · · · · · · · · · · ·		•

14